**ERCOT Nodal Protocols**

**Section 23**

**Form J: Transmission and/or Distribution Service Provider Application for Registration**

**March 13, 2020**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSMISSION AND/OR DISTRIBUTION SERVICE PROVIDER (TDSP)**

**APPLICATION FOR REGISTRATION**

This application is for approval as a Transmission Service Provider (TSP), Distribution Service Provider (DSP), or both TSP and DSP by Electric Reliability Council of Texas Inc. (ERCOT) in accordance with the ERCOT Protocols. Information may be inserted electronically to expand the reply spaces as necessary. ERCOT will accept the completed, executed application via email to MPRegistration@ercot.com (.pdf version), via facsimile to (512) 225-7079, or via mail to Market Participant Registration, 7620 Metro Center Drive, Austin, Texas 78744. If you need assistance filling out this form, or if you have any questions, please call (512) 248-3900.

This application must be signed by the Authorized Representative (“AR”), Backup Authorized Representative or an Officer of the company listed herein, as appropriate.ERCOT may request additional information as reasonably necessary to support operations under the ERCOT Protocols.

**PART I – Company Information**

|  |  |
| --- | --- |
| **Legal Name of the Applicant:** |       |
| **Legal Address of the Applicant:** | Street Address:       |
|  | City, State, Zip:       |
| **DUNS¹ Number:** |       |

¹Defined in Section 2.1, Definitions.

**Type:** TSP [ ]  DSP [ ]  Both [ ]  as reflected on Standard Form Agreement

**1. Authorized Representative (“AR”).** Defined in Section 2.1, Definitions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |  | **Zip:** |  |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**2. Backup AR.** *(Optional)* This person may sign any form for which an AR’s signature is required and will perform the functions of the AR in the event the AR is unavailable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |  | **Zip:** |  |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**3. Type of Legal Structure.** (Please indicate only one.)

[ ]  Individual [ ]  Partnership [ ]  Municipally Owned Utility

[ ]  Electric Cooperative [ ]  Limited Liability Company [ ]  Corporation

[ ]  Other:

If Applicant is not an individual, provide the state in which the Applicant is organized,      , and the date of organization:

**4. User Security Administrator (USA).** As defined in Section 16.12, User Security Administrator and Digital Certificates, the USA is responsible for managing the Market Participant’s access to ERCOT’s computer systems through Digital Certificates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |  | **Zip:** |  |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**4a.** [ ]  By checking this box, Applicant hereby requests that ERCOT evaluate Applicant’s eligibility to opt out of the requirement that Market Participant designate a USA and receive Digital Certificates, and affirms the following:

(a) Applicant is applying to register with ERCOT as either a Municipally Owned Utility (MOU) or an Electric Cooperative (EC), and as a DSP and/or Load Serving Entity (LSE).

(b) Applicant is not, and will not, be designated as a Transmission Operator with ERCOT.

(c) Applicant understands that by opting out, it will not be granted access to portions of the ERCOT Market Information System (MIS) that require Digital Certificate Access.

(d) Applicant understands that it can cancel any approved opt-out request, designate a USA, and begin receiving Digital Certificates by properly completing Section 23, Form E, Notice of Change of Information, and meeting the requirements under Section 16.12.

(e) If determined ineligible, Applicant must designate a USA, receive Digital Certificates and comply with requirements under Protocol Section 16.12.

**5. Backup USA.** *(Optional)* This person may perform the functions of the USA as defined in the ERCOT Protocols in the event the USA is unavailable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |  | **Zip:** |  |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**6. Cybersecurity**. This contact is responsible for communicating Cybersecurity Incidents.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |       | **Zip:** |       |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**7. TSP 24x7 Control or Operations Center.** As defined in the ERCOT Protocols, the 24x7Control or Operations Center is responsible for operational communications and shall have sufficient authority to commit and bind the TSP.

|  |  |
| --- | --- |
| **Desk Name:** |       |
| **Address:** |       |
| **City:** |       | **State:** |  | **Zip:** |  |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**8. Compliance Contact.** This person is responsible for compliance related issues.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |       | **Title:** |       |
| **Address:** |       |
| **City:** |       | **State:** |  | **Zip:** |  |
| **Telephone:** |       | **Fax:** |       |
| **Email Address:** |       |

**PART II – ASSET REGISTRATION**

1. Provide Generation Load Metering Point and TDSP Read Generation information as required on the ERCOT Generation Load Metering Point(s) & TDSP Read Generation Registration Form. The form is located at <http://www.ercot.com/services/rq/tdsp/index.html>. The completed form should be attached to, and submitted with, the TDSP Registration Application.

2. Provide status of registering MOU or EC:

[ ]  **Opt-In MOU or EC** – An EC or MOU that offers Customer Choice.

[ ]  **Non-Opt-In Entity (NOIE)** – An EC or MOU that does not offer Customer Choice.

**PART III – ADDITIONAL REQUIRED INFORMATION**

**1. Officers**. ERCOT will obtain the names of all individuals and/or entities listed with the Texas Secretary of State as having binding authority for the Applicant. ERCOT will use this list of individuals to determine who can execute such documents as the Standard Form Market Participant Agreement (Section 22, Attachment A), Amendment to Standard Form Market Participant Agreement (Section 22, Attachment C), Digital Certificate Audit Attestation (DCAA), etc. Alternatively, additional documentation (Articles of Incorporation, Board Resolutions, Delegation of Authority, Secretary’s Certificate, etc.) can be provided to prove binding authority for the Applicant.

**2. Affiliates and other Registrations.** Provide the name, legal structure, and relationship of each of the Applicant’s affiliates, if applicable. See Section 2.1, Definitions, for the definition of “Affiliate.” Please also provide the name and type of any other ERCOT Market Participant registrations held by the Applicant. *(Attach additional pages if necessary.)*

|  |  |  |
| --- | --- | --- |
| **Affiliate Name**(or name used for other ERCOT registration) | **Type of Legal Structure**(partnership, limited liability company, corporation, etc.) | **Relationship**(parent, subsidiary, partner, affiliate, etc.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART IV – SIGNATURE**

I affirm that I have personal knowledge of the facts stated in this application and that I have the authority to submit this application form on behalf of the Applicant. I further affirm that all statements made and information provided in this application form are true, correct and complete, and that the Applicant will provide to ERCOT any changes in such information in a timely manner.

|  |  |
| --- | --- |
| Signature of AR, Backup AR or Officer: |  |
| Printed Name of AR, Backup AR or Officer: |  |
| Date: |  |